



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Pro Active Advantage, LLC	Region(s):	V
Agency Type:	Res Hab	Survey Dates:	04/18/17
Certificate(s):	RHA-5356 Gooding RHA-5360 Twin Falls RHA-5359 Burley	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input checked="" type="checkbox"/> 3 - Year Full

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
16.04.17.101.04 101.CERTIFICATION - ISSUANCE OF CERTIFICATES. 04. Expiration of Certificate. An agency must request renewal of its certificate no less than ninety (90) days before the expiration of the certificate to ensure there is no lapse in certification. After initial certification, the Department may issue a certificate that is in effect for up to three (3) years based upon an agency's substantial compliance with this chapter of rules. (3-29-12)	The agency lacked evidence of a request for renewal of the Res Hab certificate per rule requirements.	<i>1. Pro Active, through Office 365, will put the dates of renewal into the Program Calendar, with alerts being sent to Key Staff Members 100 days prior to the date of expiration. These alerts will be sent to the Program Manager, DDA Administrative Assistant, and Human Resources Manager, so that one individual is not responsible for tracking renewal dates. Each week, at the Manager's Meeting, agenda items include upcoming events of importance, are discussed. Therefore the Manager's meetings would also add another layer of reminders as these dates would also be added to the agenda items near dates of</i>	5/19/2017



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		<p><i>renewal. Specific individuals would be assigned at that time to initiate the renewal process and the timelines for submission according to rule.</i></p> <p><i>2. No participants were impacted by this event, as licensure was renewed within timelines, and there was no lapse in service.</i></p> <p><i>3. The Res Hab Program Manager, in conjunction with the HR Manager to insure compliance.</i></p> <p><i>4. On Office 365 Program Calendar, and Manager's Meetings.</i></p>	
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Agency Representative & Title: Patricia Marecki, Human Resources/Contracts Manager <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 5/1/2017
Department Representative & Title: Pam Loveland-Schmidt, Licensing & Certificaton <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	Date Approved: 5/8/2017